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TITLE: Physicians' Attitudes Towards Prescription of Non-occupational Post-exposure Prophylaxis (nPeP) for HIV

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OBJECTIVES: To describe Quebec physicians' attitudes towards prescription of nPEP according to various scenarios of exposures.

METHOD: In November 1998, a questionnaire was sent to a convenience sample of 485 physicians. Selection criteria were having reported an AIDS case in the previous 3 years, or working in an AIDS, STD, or sexual assault clinic. Questions were asked on demographics, number of consultations in the last year, and management of the last case. Physicians were also asked whether or not they would prescribe nPEP based on 11 different scenarios of exposures to HIV.

RESULTS: In all, 219 physicians (59.6% male, 62.2% family physicians) completed a questionnaire, for a response rate of 45.2%; 90 (41.1%) had been consulted for nPEP at least once in the previous year. Of the 875 patients who consulted these physicians for nPEP, 89.9% did so after sexual exposure, 9.9% after sharing of drug injection equipment, 12.3% after non occupational needlestick injuries, and 7.8% for other reasons. When asked about general attitude towards prescription of nPEP, 83.9% of physicians were favorable (87.6% male physician, 79.2% female, $p=0.12$). for men having sex with men, 92.9% of physicians would prescribe nPEP after condom break during anal sex with an HIV+ male partner and 90.9% would do so for unprotected anal sex. In the case of a woman exposed to an HIV+ male partner through vaginal intercourse, 93.3% of physicians would prescribe nPEP after condom break and 89.7% would do so for unprotected vaginal sex. If the partner's status is unknown, the previous four figures dropped to 40.0%, 37.5%, 20.4% and 16.8% respectively. Finally, 93.8% would prescribe the nPEP after unprotected sex but this was not statistically significant.

CONCLUSIONS: Quebec physicians providing care for HIV/AIDS, STDs, and sexual assaults clearly have a favorable attitude towards prescription on nPEP. They seem to assess the risk of HIV transmission before making a decision to prescribe nPEP or not. The HIV status of partners is more important to the decision making process than the fact that the relation is protected or not.

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